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CASES OF STRABISMUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In compliance with your request I have selected for publication, in your Journal, the following from among the cases on which I have operated for the last four months—some of them as presenting points of peculiar interest, and all of them as being so situated that I have been able to ascertain with accuracy their condition at the present time. I hope, also, to be able to inform you, at the close of this article, as to the present condition of the cases which were reported by me in your Journal of Dec. 2d, 1840. JOHN H. DIX.

Boston, March 16th, 1841.

Division of the Internal Rectus of both Eyes.—Dec. 26th, 1840, Miss P., æt. 21, of E. Boston, at six months of age had lung fever, followed by a slight inflammation of the eyes, which lasted for some time, and on recovering from it, she was observed to squint, sometimes with one eye and sometimes with the other. Now the inversion of both eyes is about equal, the affection alternating from one to the other, and the pupil of one eye being carried nearly to the inner canthus, when the other is looking straight forward. Vision is not distinct with regard to distant objects, and in the ordinary use of them, the eyes are quickly fatigued. The vision of the left eye being, as she thinks, less useful to her than that of the right, it is decided to operate on this eye first, though I cannot myself discover the least difference in the eyes, as to the degree of the strabismus, or its frequency.

Dr. Z. B. Adams, Dr. Dale, and Dr. Davis of Portsmouth, being present, the internal rectus of the left eye was divided, about a line from its tendon. The eye immediately became straight—and could be moved but very little toward the inner canthus, the right eye being inverted as usual when the left is in this position, although I think not quite so far as before. Both eyes to be closed, and the left wet with a compress dipped in cold water.

27th. Position of eyes as yesterday. Miss P. wishing to resume her duties as an instructress, it is concluded to operate on the right eye tomorrow.

28th. With the assistance of Dr. Dale the internal rectus of the right eye was divided at its tendinous part. The obliquity was instantly lessened, but not wholly removed, from this eye. Both eyes to be covered and kept cool with wet compresses.

Jan. 4th. The eyes have been opened for a few days past, there being but little injection of either eye. The position of the left eye perfectly natural, that of the right a little inclined inward. Miss P. states, that after the first operation she had double vision, and all objects were distorted by having their horizontal dimensions enlarged. After the second operation, near objects were trebled, and distant ones quadrupled. When this multiplication of images had ceased, all objects seemed to present themselves diagonally to her view.

March 15th. Miss P. informs me that her vision is much improved, especially as it regards distant objects, and that she can read for a longer time with much less effort and fatigue of the eyes. She now at times sees a repetition of an object, but the occurrence is gradually less frequent, and the false image becomes more and more dim. Since I last saw her the obliquity of the right eye, which then existed, has wholly disappeared, and nothing abnormal can be detected in the position or movements of either eye.

Division of Internal Rectus of both Eyes. Jan. 7, 1841.—Mr. P., æt. 28, of Boston, when four years of age began to squint, without any obvious cause, with the left eye. Now the left eye is turned very far in, so that a third of the cornea is hidden at the inner canthus. It can be very fairly everted on closing the right; and when both eyes are directed far to the left, the right squints somewhat inward. He cannot read with the left eye alone. With the assistance of Dr. Stone, the internal rectus of the left eye is divided far back, together with a portion of subjacent cellular tissue, and the eye becoming immediately straight, with a very slight ability to turn it inward. Cold lotion to left; both eyes to be closed.

Jan. 8th. Right eye to be closed, and left kept open and turned frequently outward. Has double vision.

Jan. 30th. Both eyes are now nearly straight, but a slight obliquity is observable in each at times. With the view of removing this, Mr. P., at my request, submits to a division of the internal rectus of the right eye. With the assistance of Dr. H. G. Clark and Mr. Stone, the tendon of this muscle is divided, with an improvement in both, though they do not perfectly correspond.

March 1st. Mr. P., soon after the last operation, took a journey southward, and now on his return says that double vision occurs occasionally, but not so frequently as before. When looking at a distant object, if the double vision is experienced, the second or false image is at a greater distance from the true one, than if he were looking at a nearer object; and if the object be close to him, a portion only of the false image is seen, the remainder of it seeming to be behind the real one. Mr. P. describes the false image as "much more beautiful and delicate than the real one, and resembling rather an exquisitely fine painting than a reality."

March 16th. There has been a gradual improvement, particularly as to the position of the right eye, and now both may be considered straight. The phenomena of illusory vision, above mentioned, now rarely occur, and in less degree. There has been a great improvement in the vision

of the left eye, considered separately from the other. He can now read with it, the other being closed.

Division of the Internal Rectus of Right Eye. Jan. 13, 1841.—Mr. W. S., æt. 21, of Roxbury, at four years of age began to squint with the right eye, in consequence, as he thinks, of fits, to which he was subject from his third to his ninth year. When looking forward with the left eye, the pupil of the right is buried at the inner canthus. Vision is so far impaired in this eye that he cannot see to read with it the ordinary print of a newspaper. When the left eye is closed, he has perfect control of the right, and can evert it fully, though it occasions a feeling of dragging at the inner canthus.

Drs. Randall and J. M. Warren, and Messrs. Stone, Prince and Twitchell being present, the internal rectus was divided, at the distance of two lines from its tendon, with immediate removal of the obliquity, the cornea at first, on the division of the muscle, inclining decidedly toward the outer canthus, but in a few moments assuming its position in the centre of the orbit.

14th. The eye has been kept covered with a wet compress, on removing which, he sees objects double.

17th. Inflammation confined to the immediate neighborhood of the incision. No double vision since the 14th. Has in the mean time kept both eyes uncovered. To-morrow returns to his store.

March 15th. Both eyes straight and alike in aspect, except that there is greater degree of fulness of the globe apparently at the inner canthus of the right than of the left eye, though this is less evident than it was a month ago. Vision in the right eye has very much improved. He can now see to read with it, at the distance of three feet, the ordinary print of a newspaper, which before the operation he could not read at all. Double vision now occurs very rarely, and is but momentary, the false image being distinguishable from the true one by its faintness.

Division of Internal Rectus of Right Eye. Jan. 19th, 1841.—Mrs. C., æt. 34, of Hopkinton, at about four years of age squinted without any obvious reason. Now the right eye is turned inward, bringing the cornea quite to the inner canthus, when she looks straight with the left eye. Vision imperfect. She cannot see to read with this eye at all, or to recognize a face. Looking toward the left causes an uncomfortable sensation at the inner canthus of the right eye, in which she thinks there has been an increasing tendency inward for a year past. The left eye is decidedly inclined inward, but not so much as the right. Either eye can be fairly everted at pleasure, on shutting the opposite one.

Messrs. Stone, Read and Coffin being present, the internal rectus of the right eye is divided, with an immediate inclination outward and a gradual subsequent restoration of the pupil to the centre of the orbit.

20th. Eye has been covered and wet with cold water. Now to be uncovered, the left being bandaged, and to be kept for as long a time as possible looking far round to the right, at a patch placed for this purpose on the wall, which direction is given because there seems to be less inclination outward than there was on the day after the operation.

24th. Keep both eyes open and looking in any direction at pleasure,

there being now a very little inclination outward. Collyr. sulph. zinci, grs. ii.; vin. opii, ʒ i.; aquæ distillatæ, ʒ i. M. Twice daily to right eye.

25th. It is evident that there is less inclination of the left eye than before the operation on the right. Both eyes to be turned frequently toward the left, both acting in unison, but both very slightly inclined to the right. When out of doors to wear within her bonnet, near the edge on the left side, some ornament to which she may frequently turn the eyes.

28th. Both eyes have become straight, and I have decided not to operate on the left eye, which I had at first supposed might be necessary. The strabismus of the left eye was probably sympathetic merely with that of the right.

March 17th. Mrs. C. writes to me, in answer to a letter of inquiry, that the vision of this eye has improved so that she can now "read a few words of coarse print, and recognize a face with the other eye closed."

Division of Internal and Superior Rectus, and a portion of Inferior Rectus. November 30th, 1840.—Miss B., of Boston, æt. 25, in early childhood had hooping cough, during which she acquired a convergent strabismus of the right eye, which has been somewhat aggravated of late. Now, the pupil of this eye is nearly hidden at the inner canthus when she looks forward with the left, and on closing the left, it can be turned outward very little beyond the centre of the orbit. When both eyes are open, and she attempts to look toward the right with the right eye, the left is turned far in. Vision with this eye is imperfect, and when reading she is in the habit of covering it with her hand.

Drs. Shattuck, Sen. and Jr., Dr. Doane, Dr. J. Sargent of Worcester, and Mr. Stone, being present, the globe was everted by means of the double hook, and the internal rectus divided posterior to its tendon, together with some exceedingly thickened cellular tissue. No change ensued in the position of the eye, except that she could turn it out more easily than before. I therefore made a division of the superior rectus and a portion of the fibres of the inferior rectus, taking care thoroughly to separate from the sclerotic all adhesions of cellular tissue. There was now a very slight improvement as to its ordinary obliquity, and an increased facility of everting it. Cold lotion. Both eyes to be covered. The indurated and thickened condition of the cellular tissue in this case is probably owing to inflammation which she had formerly in this eye.

Dec. 2d. Considerable injection. Very light diet. Sulph. mag. ʒ i.

Dec. 20th. Miss B. has had inflammation, requiring a continuance of low diet and the application of leeches. There is apparently but little if any change in the position of the eye.

17th. Since last date there has been a gradual but very great improvement, so that now the squint is very much less than it originally was, though not wholly removed. Probably the improvement did not take place earlier, in consequence of the necessity of keeping the eyes covered for an unusual period after the operation. This is the only case in which any active inflammation has followed, and it is in this attributable partly to the extensive dissection, and partly to the double hook—the use of which, I am satisfied, from this and two preceding cases, very much en-

hances the pain of the operation, and is after a little practice quite unnecessary for the convenience of the operator. There is no essential improvement of vision, except inasmuch as the eye can be more easily turned to objects on the right.

Division of Internal Rectus of Right Eye. Jan. 20th, 1841.—Miss W., æt. 20, domestic, of Boston, at three years of age began to squint with the right eye, as she supposes from imitating another. Now the right eye is turned, so that in looking forward with the left eye, the edge of the cornea reaches the inner canthus; and looking towards the left, the pupil is nearly concealed. Vision is impaired in the right eye. She can read but for a few moments with it, and on closing the other eye and using this, a sensation of dizziness is produced. There is a slight inclination of the left eye inward.

The internal rectus was divided far back in the muscle, in the presence of Drs. Homans and Stedman, and Messrs. Prince, Read, Stone, Abbot, Welch and Dean. The eye immediately inclined somewhat toward the outer canthus; but in a few moments became nearly straight.

23d. Right eye slightly inclined outward. Has double vision after looking at an object steadily for a few minutes. Directed to turn both eyes toward the left at a patch on the wall. Very little redness, even at the inner canthus. Has had no application except cold water. May now resume her usual occupations, taking care occasionally to turn both eyes toward the left.

March 15th. The inclination of the left eye has ceased, and both eyes are straight and move in concert. Vision of the right eye no better than before the operation, except that it is now used constantly without any sensation of dizziness as before.

Division of Internal Recti Muscles of both Eyes. Jan. 25th, 1841. —Miss E., of Lowell, æt. 35, when about seven years of age acquired, by degrees, a strabismus convergens, in consequence, as she supposes, of attempting to imitate a twin sister who squinted. Now the pupil of the right eye is hidden at the inner canthus when she looks straight with the left eye, and on turning the right as far out as possible, the left is so far turned in as to cover at the inner canthus a small part of the cornea. Occasionally the convergence seems to be about equal in both eyes. Vision of the right eye is much impaired, so that on closing the left she can see to read very large print but for a few moments. Her ordinary vision is limited to near objects.

Dr. Crane, of E. Boston, and Mr. Stone, being present, the internal rectus was first divided in the right eye, two lines, at least, posteriorly to its tendon, with a slight turn of the eye outward, though she could still turn it somewhat inward, the left eye becoming inverted as usual on turning the other out. After a rest of about five minutes, the internal rectus of the left eye was divided, at about the same distance from its insertion, and with it a few of the inner fibres of the inferior rectus, bringing this eye very nearly straight, with a slight inclination inward, and the right perfectly straight. In both cases the muscle offered more resistance than usual to the scissors, and indurated cellular tissue in connection with the

muscle and globe required to be divided. Both eyes to be closed and covered by compresses dipped in ice water.

Jan. 27th. Slight injection of the right, considerable of the left, eye. Sulph. magnesia, ʒ i. The slight inversion of the left eye, which was observable immediately after the operation, has disappeared, and the position of both is central. She speaks of a great gain in her vision. Continue application of ice water as before.

29th. Eyes to be uncovered and used together. Occasionally one is to be closed, the finger pressed gently between it and the nose, and the opposite eye rolled forcibly outward.

Feb. 27th. Slight injection only in either eye; incision fully united, and both eyes perfectly straight and moving in perfect harmony. Vision is very much amended, especially as regards distant objects, while near ones can be looked at steadily, with much less fatigue than formerly.

Division of Internal Rectus of Left Eye. Jan. 29th, 1841.—Mr. S. C., æt. 18, of Charlestown, squinted at two years of age, in consequence of a fit, as his parents supposed. He had been troubled with worms for some time, and spigelia was administered freely. Now the left eye is turned so far in, that the pupil occasionally lies at the inner canthus, that is, on looking far to the right. Making an effort to look towards the left, the right eye turns in somewhat. Vision has, during his remembrance, been very imperfect from the squinting eye, and he thinks that for a year past it has essentially lessened. He now can see a person with this eye, the other being closed, at the distance of three feet, but not farther, and if this effort is continued for two or three minutes, the eye becomes suffused with tears, and pain is experienced at the inner canthus.

Drs. G. Parkman, Ball, and Moriarty, Henry Rice, Esq., and Dr. Bemis of Charlestown, being present, the internal rectus was divided in the left eye, just posterior to its tendon, with the assistance of Messrs. Stone, and Prince of Salem. An immediate restoration of the cornea to the centre of the orbit took place, though a power remained of turning it inward to some extent. In this case the cellular tissue below and on each side of the muscle was considerably thickened, and being taken up by the blunt hook was divided, at the same time with the muscle. Although the division of the cellular tissue is complete and extensive on each side of the muscle, and the pupil is exactly in the centre of the orbit, the eye can be turned as far toward the inner canthus as is common in a sound eye, probably from the action of the inner fibres of the superior and inferior rectus. Notwithstanding this unusual control over the motion of the eye inward, I did not think it advisable to divide a portion of either of these muscles, inasmuch as he could turn the eye freely to the outer canthus, and from his youth and healthfulness the external rectus may be expected soon to obtain a sufficient control, after a part of the antagonizing force is removed.

Jan. 30th. No pain or injection. Cold lotion to be discontinued, except occasionally. The right eye to be closed by a bandage, the left to be kept open as much as he finds it comfortable to do so, and to be frequently turned forcibly toward the outer canthus.

Feb. 5th. The cut edges of the conjunctiva are nearly united. Vision

somewhat improved. For three days after the operation he had double vision, and it still occurs at distant intervals.

March 14th. Both eyes are now perfectly straight, unless he looks far to the left, when the right eye turns rather nearer than natural to the inner canthus, but not so far in as before the internal rectus of the left eye was divided. Vision of the left eye very much benefited. He can now see with it at the distance of twenty feet, as distinctly as he could before the operation at the distance of three.

Division of Internal Rectus of Right Eye. Feb. 6th, 1841.—Miss W., æt. 18, of Boston, when four years of age, without any assignable cause, began to squint inward with the right eye, the convergence being slight at first and gradually increasing. The pupil is now, when she looks forward with the left eye, nearly hidden at the inner canthus, but occasionally, when looking toward the right, this eye appears to be straight, and the opposite one slightly turned in. She cannot turn either eye fully to the outer canthus, the other eye being closed, and cannot see with the right eye to read.

Dr. Z. B. Adams of this city, Dr. Wilder of New Ipswich, and Mr. Stone of Salem, being present, the internal rectus was divided, and the eye at once inclined a little outward, but in a few moments gained the centre of the orbit, the obliquity of the other eye becoming at the same time more marked.

15th. Wound nearly healed. Miss W. had double vision very seldom for two or three days after the operation, but not at all of late. The right eye is perfectly straight, and the slight inclination of the left has been gradually lessening, she having been directed to look at a patch on the wall placed as far on her left as she can see it.

March 16th. Both eyes straight, as it appears to me, though Miss W. says that the left occasionally turns a little inward. The vision of the right eye has greatly improved since the operation. She can now read perfectly well with it, and considers it as good as the other eye.

Convergent Strabismus of the Left Eye only—Division of Internal Rectus Muscle of both Eyes. Feb. 10th, 1841.—Miss B., æt. 15, of Chelsea, eleven years ago fell and struck the upper part of the nose, causing a dark swelling on it. In a week after the accident it was observed that the left eye turned in. The squint is not extreme, the whole cornea being at all times visible. When looking far to the left, the right eye is observed to turn in very slightly. On closing the right, the motions and position of the left are natural. Vision is impaired, so that she cannot read with the left eye.

Dr. Dale and Mr. Wales assisting me, the internal rectus is divided in its muscular texture, and extensive adhesions of thickened cellular tissue carefully separated, the eye becoming more nearly straight, but not perfectly so, except when the right is closed. Left eye to be kept wet with snow water during this afternoon and evening, and both eyes closed.

11th. Right eye to be bandaged, and the left used exclusively, there being no pain in it, nor any injection except at the inner canthus.

17th. Has kept the right eye closed, and used the left alone since last date, and with some improvement, there being now less disposition in this

eye to turn inward, except when a strong effort is made to look far to the right.

March 10th. No further amendment of the squint has taken place, the eye being precisely as at last report. The squint is about one half as great as it originally was, and, considering the very free and thorough dissection made of muscle and cellular tissue, can be accounted for only by supposing it to depend upon a sympathy with the other eye, which, as was before stated, when looking far to the left, turns perhaps somewhat nearer to the inner canthus than natural. It, however, is by no means distinct, and at all other times this eye is perfectly straight. With the hope, therefore, of removing the obliquity of the left eye, I determined to divide the corresponding muscle of the right, which is apparently perfectly normal in its position and movements, having observed, in some former cases, that a slight obliquity remaining in one eye, after an operation, was removed by dividing the corresponding muscle of the opposite eye, which had been inverted in a less degree, and having also seen this same practice spoken of by an English operator.

With the assistance of Drs. Eddy and Tuckerman, the tendon of the internal rectus of the right eye was divided near its insertion, the adhesions of cellular tissue being kept, as far as possible, entire. The eye immediately inclined a little outward, but upon removing the bandage from the left eye regained the centre of the orbit, while at the same time the obliquity of the left eye had completely disappeared, leaving both eyes straight and uniform in their movements. Both eyes to be kept open.

March 14th. No injection beyond the immediate limits of the incision. Eyes perfectly straight.

Division of the Internal Rectus of Right Eye. Feb. 15th, 1841.—Miss S., æt. 15, of S. Boston, began at four years of age to squint with the right eye, as her friends suppose from imitating some of her schoolmates. The pupil of the right eye is turned very nearly to the inner corner, when she looks straight forward with the left eye. By an effort of the will she can turn the right eye out, when the left turns farther in than natural, though not so far as the right. Vision of the right eye is somewhat impaired. She can distinguish faces with it, but cannot read.

With the assistance of Drs. Dale and H. J. Bigelow, the internal rectus is divided, and the eye immediately becomes straight, though I do not observe the vibration toward the outer corner which is often seen.

17th. Has had double vision occasionally, except on one day, yesterday, when I had the left eye closed with a bandage for the purpose of making her keep the eye turned as far inward—that is, in the direction of the former squint—as possible. This plan was adopted in consequence of a slight tendency of the eye outward. To-day both are left open. No injection of the eye, except at the inner canthus. No disposition of the right eye outward.

March 9th. A small granulation at the inner canthus, which is nearly removed by the closing together of the conjunctiva, and hangs by a little pedicle, is snipped off. Very little injection at the inner canthus. Eyes perfectly straight. Miss S. does not observe that the vision of this eye, separately, is improved since the operation, though both eyes

being directed to one object, the amount of useful vision is of course greater.

[To be concluded next week.]

EXPERIENCE IN MIDWIFERY.

BY J. JOHNSON KELSO, M.D., LISBURN.

In an experience of nearly 1100 midwifery cases, I find I have recorded, more or less extensively, notes of 700; an analysis of which, with your permission, will, with as much brevity as is consistent with perspicuity, now engage us.

In these 700 cases of labor, there were born 723 children, of which 375 were females and 348 males. Of this number, from causes to which it will be my duty presently to make especial allusion, *five* cases terminated fatally.

The number of cases of twins, was 23; of which 5 occurred in the first, 3 in the second, 3 in the fourth, 4 in the fifth, 3 in the seventh, 3 in the eighth, and 2 in the ninth, pregnancy.

The number of stillborn children was 78; of which 42 were females and 36 males. Of these, symptoms of incipient decomposition, evidencing the previous death of the fœtus from some other cause than parturition, manifested themselves in six; whilst the rest may be disposed of as follows:—Pressure of the umbilical cord in breech and crural presentation, 29; the intervention of instruments, 12; tedious or lingering labor, leading to much and long-continued cerebral compression, 25; descent of the umbilical cord, 6; circumstances unknown, or not specified, 6; total, 78. This rate of mortality, which furnishes a proportion of about 1 to every 9 born alive, may appear to some as rather high; but to those who are conversant with country practice, there will, doubtless, a number of causes in explanation suggest themselves, too obvious to require from me any specification in this place.

These 700 cases naturally arrange themselves under the four following divisions of authors:—1. Natural labor. 2. Preternatural labor. 3. Instrumental labor. 4. Complicated labor.

Each group, or division, will, of course, demand for itself a separate, though necessarily brief, consideration; but previously to going into detail, the following table, in which are carefully arranged the number of hours' duration of each case, may not, perhaps, prove unacceptable:

Table comprising the Duration of each of Seven Hundred Cases of Labor.

No. of hours.—	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
No. of cases.—	10	15	30	40	81	91	83	30	25	38	22	15	21	11	12
No. of hours.—	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
No. of cases.—	16	9	10	13	10	11	13	5	6	4	5	3	6	7	5
No. of hours.—	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
No. of cases.—	3	2	2	3	4	5	4	3	2	3	1	2	1	2	1
No. of hours.—	46	47	48	49	50	51	52	53	54	55					
No. of cases.—	3	3	2	1	2	1	0	1	1	1					

From this table it will be seen, that the greatest number of deliveries occurred in six hours from, as well as could be ascertained, the establishment of the parturient process, correctly so called; next, in 5 hours; then in 7 hours; then in 4 and 10; and so on; the process being extended to 55 hours in 1 case only.

Natural Labor.—Under this head there is obviously but little to detain us. Indeed, I may merely state, that of the aggregate number of this class of cases which I find computes 558, they all passed through their different stages to a termination, in a period varying from 1 to 40 hours. But of this number, there were about 105 cases which may be classed under the head of tedious or lingering labor; the protraction of the process in these varying from 20 to 40 hours in each. By deducting these from the sum total of the cases comprehended in this section, there will, it is evident, remain 453 cases of natural labor, properly so called, the mean duration of each of which was 10 hours.

In reference to those tedious cases, they were the result of causes not different from those which are commonly assigned, viz., disproportion between the fœtal cranium and the brim and outlet of the pelvis; inefficient, or spasmodic uterine action; rigidity of the soft parts connected with the process; accumulation of fæces in the rectum, &c.

The profession are generally aware, through a paper which the Lancet some time since did me the honor to publish, that I am an advocate, however feeble, for the ergot of rye in obstetricy. What I have ventured to express in the memoir in question, respecting the immense advantage of this uterine stimulant in those particular cases—certainly not a few—suited to its employment, a still more extended experience enables me to confirm; and in relation to my present subject, I am bound to confess that, in most of those lingering labors to which allusion has just been made, much physical suffering, and a considerable abridgment of the process, would most undoubtedly have resulted from its earlier employment. Nor can I omit here to express my equally decided conviction that to this invaluable drug I have, on more than one occasion, been, I think, indebted for bringing cases to a favorable termination, which otherwise might have required the interference of art.

Preternatural Labor.—The number of cases of this description, twins inclusive, amounted to 56; of which there were, presentation of the breech, 18; of the feet or knee, either of one or both extremities, 15; of the arm and hand, 6; of the shoulder, 5; of the face to the pubes, 4; of the abdomen, or side, 3. We proceed to glance at these different kinds of presentation *seriatim*.

Of the cases of breech presentation, 7 occurred in those of the twins, and the process progressed to a favorable termination with equal expedition with those of natural labor. Next to crural presentation, as is known, the one under consideration is confessedly the most inimical to the life of the offspring, and, accordingly, the mortality of the children from this cause was considerable. Under circumstances of this nature ingenuity has as yet been unable to devise any method by which the integrity of the circulation in the cord may be preserved unimpaired, at least to that extent compatible with the maintenance of the vitality of the child during its expulsion from

the uterus; and even the propriety here of the ergot, from the increased and continued action usually consequent on its use, is, I am free to confess, extremely problematical. Passing over crural presentation, which presents nothing to detain us, we proceed to that of the arm and head.

Brachial Presentation.—This variety of presentation, when not early detected, proves often a source of embarrassment to the obstetrician, as well as of increased risk to the patient. Death in two instances, and an obstinate metritis in another, followed, on delivery, by turning; which operation, except in one, was, after more or less difficulty, accomplished by manual aid in all. Previously, however, to the giving a more detailed account of the case in which this operation proved unsuccessful, at least under manual intervention, and which, though far from solitary, is not, I conceive, devoid of interest, I take this opportunity to remark generally, that in *all* those obstetrical cases demanding, as the preferable method of management, version, the bringing down of one foot, or extremity, when the other is not in easy grasp, is, at least to my mind and experience, quite sufficient for every object of the act; whilst, on the other hand, a contrary practice in the introduction of the hand in search of the other foot, when one has already been procured, is, I apprehend, but very rarely necessary, and if so, should never be resorted to unless the circumstances of the case may imperiously demand its adoption. But to resume.

In one of the fatal cases, death took place rather from exhaustion, the result of a protracted and harassing labor, than from any immediate injury from the operation, which was easily accomplished. She survived the delivery, which was her eighth, 54 hours; her most prominent distress being great embarrassment in her breathing, which occasionally amounted to orthopnœa, and which rendered the recumbent position quite insupportable.

The other fatal case, though properly coming under the division of laborious labor, cannot well be severed from the present section. It occurred in the practice of a gentleman of this town in 1833. In company with another consultant, I saw this poor woman, who, shocking to say, was the unfortunate victim of her uncle's lust, about 48 hours after the commencement of labor. The waters had been discharged a considerable time previously, and the right shoulder, with the corresponding arm protruding from the external parts, was found firmly wedged in the inlet of the pelvis; the external parts were swollen, dry, and somewhat tender; pulse about 128; some restlessness and anxiety of countenance. Delivery being the sole measure of safety, was at once set about; but version being found at this time impracticable, amputation of the arm at the shoulder-joint, and subsequent disruption of the thorax and abdomen, were indispensable to the completion of the process. A second child was now discovered to occupy the uterus; but previously to attempting its delivery, some time was allowed to elapse in order, under appropriate treatment, to the rallying of the then greatly enfeebled powers. This being ultimately effected, large doses of laudanum, conjoined with general stimulation, were indispensable to obviate immediate sinking. I had not an opportunity of again seeing her; but after languishing for above 70 hours, she finally sunk from, I believe, puerperal fever.

In the case of metritis, the waters having been evacuated for some time, some difficulty was experienced in turning; the woman, whose labor had been protracted to 43 hours, being of a sanguineous diathesis, inflammation of the womb was speedily set up, which only yielded to the most active treatment.

[Dr. K.'s remarks on *shoulder presentations, laborious labor,* &c., are reserved for another No.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1841.

A VISIT TO THIRTEEN ASYLUMS FOR THE INSANE.

This is an important statistical compendium of observations on several of the principal institutions for the insane in Europe, by a gentleman who seems to possess enlarged and generous feelings towards the unhappy beings for whom these structures have been erected. The author has also made a critical examination of those at home—and thus, in presenting us with a bird's-eye view of the present condition, diurnal management, domestic conveniences, and the medical supervision, in these institutions on both sides of the Atlantic, has certainly conferred a great favor on the medical profession and the public generally.

Society, in this country, is in a transition state—advancing rapidly in intellectual and moral strength, the evidence of which is discoverable in the manifestation of a strong desire to ameliorate the sufferings of the unfortunate, and to lay deep and broad the foundations of charities that shall be commensurate with their moral as well as physical necessities. Indeed, the public sentiment, like the single opinion of a philanthropic individual, favors the most liberal expenditure in the accomplishment of this grand scheme of benevolence. A divine impulse seems to be urging the world onward to make reparation for the wrongs of past ages. The maniac no longer groans under the weight of chains, nor trembles at the sight of his fellow man. He has become an object of intense regard—and the Legislature now assumes the guardianship of those who were formerly considered in law as neither dead nor alive.

In our admiration of the progress of humanity, we must not forget to register the names of those whose active labors and researches have contributed to this expression of generosity. Pliny Earle, M.D., Resident Physician of the Friends' Asylum for the Insane at Frankfort, near Philadelphia, is the gentleman to whom we are indebted for the pamphlet already alluded to, of 144 pages octavo, and bearing the following title, viz., "*A Visit to thirteen Asylums for the Insane in Europe; to which are added a brief notice of similar institutions in transatlantic countries, and in the United States, and an essay on the causes, duration, termination and moral treatment of insanity, with copious statistics.*" It would have been exceedingly difficult to concentrate more that is strictly profitable to the general inquirer, or instructive to a mere professional man, within such narrow limits. That it was wise to withhold more, if the author had materials, is very certain, since a pamphlet will find its way where a

formidable volume would gather more dust than readers. Dr. Earle has been complimented in Boston on the character of this production, in a way which will doubtless be gratifying. One of the members of the Statistical Society, after borrowing our copy, remarked upon its importance, accuracy of observation, and well-timed publication, at a period when new hospitals for maniacs are in the process of erection, or old ones undergoing modifications in their organization in accordance with the progress of discovery abroad. If Dr. Earle had looked into an article in the last volume of the Medical Almanac, by Dr. Woodward, who deservedly stands at the head of the asylums for the insane in New England—and we have no fear of offending, in saying, also, that he is in the first rank of the writers in America in this particular department—he might have found additional matter for his pages.

Taken all in all, we consider that Dr. Earle has distinguished himself meritoriously—because he has gathered not for himself alone, but that he might scatter. It is not difficult to perceive the elements of a future production in this pamphlet, that will give his name celebrity in the catalogue of medical benefactors.

Dunbar's Notes on Club-foot.—A chapter, without paging, and even without an imprint, but admirably written, having the above title, is before us, containing twenty-three wood engravings. Recollecting that Dr. Dunbar, of Baltimore, issued proposals, or rather announced his intentions, of publishing a history of American surgery, it strikes us that this must be a specimen chapter. If this conjecture is true, and the chapters that are designed to follow are equally copious, scientific, and historically correct, there is no doubt of the success of the enterprise. It would be gratifying to know a little more about the matter, however, before commencing a critical notice of this unpaged, untitled, unindexed chapter.

Rochester Medical Association.—A course of lectures commenced last Monday, at Rochester, N. Y., on the following subjects, viz., anatomy, surgery, obstetrics and chemistry. Our friend and former colleague, Prof. Dewey, is so extensively known as a practical teacher of chemistry, that his name alone will insure a degree of encouragement to the enterprise, which it would not otherwise have. Dr. Hamilton has a reputation, too, of consequence to any institution with which he may at any time be associated. Last season the lectures at Rochester were continued three months, and sufficiently patronized to warrant the commencement of the present course. Prof. Dewey will set the mental apparatus of medical and other students in motion, if it can be operated on at all. Let those who can, from their proximity to Rochester, avail themselves of the high intellectual attainments of these gentlemen and their associates.

State Lunatic Hospital—Eighth Report.—There is bare space to acknowledge the receipt of Dr. Woodward's eighth annual report of the hospital at Worcester, which he has raised to distinction. It appears to be as interesting as any that have preceded it. We shall soon begin to make extracts, for the gratification of distant readers.

Models illustrative of diseased Appearances of the internal Organs. —Dr. Ware has imported, from Paris, a series of beautifully-colored plaster models, to show the appearance of textures in a state of disease. They are the invention of Dr. Felix Thibert. We have read a report of a commission upon the value of this mode of displaying pathological anatomy, which is very satisfactory. The celebrated Andral, Breschet and Cruvelhier, are certainly capable of appreciating the invention, and their testimony is sufficient to recommend this mode of instruction. Cancer of the stomach, lesions, tuberculous liver, &c., are accurately correct—a mould having been first taken, and the cast in relief colored to imitate nature. We recommend to our medical friends to examine these admirable preparations, with a hope that it will lead to further importations.

Preservation of Iodide of Iron.—Dr. A. T. Thomson brought before the Westminster Medical Society an improved mode of preserving the iodide of iron, which, from its very ready decomposition, was very difficult to keep in an effective state. He had been indebted to a foreign journal for the suggestion of the plan; he had found that a syrup composed of a fluid drachm of the preparation, and a drachm of white sugar evaporated to one drachm altogether, would keep for a long period, the iodide of iron remaining perfectly unchanged. The fluid preparation might be made of any strength, but he generally preferred one of which a drachm held three grains of the preparation in solution. He believed that the protoxide, the carbonate, and other preparations of iron, might be preserved in the same manner in as pure a state as they were at the moment they were found. In the foreign journal alluded to, it was stated that a syrup had been made, but it was not sufficiently concentrated to preserve the virtues of the salt for any length of time.—*Lancet.*

Scrofulous Ulcers. By Ch. Clay, Surgeon to Manchester Dispensary. —James Jackson, æt. 26, of Ashton-under-Lyne, came to the Dispensary in the beginning of September for relief for large scrofulous sores, extending from the shoulder to the hand of each arm; he had been for a long time afflicted, and the remains of former ulcers, now healed, were visible by unseemly scars in various parts of the body, particularly the head, neck and face. He was directed to use the following mixture: R. Tincture of iodine, ʒi.; infusion of gentian, ʒviij. Half an ounce to be taken three times a day, with simple dressings to the sores and washes of lime water. No improvement manifested itself until I ordered an alteration of the means; the following lotion—R. Tincture of iodine, ʒiss.; extract of lead, ʒiss.; water, ʒvij.; was directed to be used thus: one pound of yeast, with half a pound of stale bread, and two tablespoonsful of the lotion as above, worked together, and applied as a poultice night and morning. In two days after the application of the first poultice a very decided improvement was observed; the sores putting on a more healthy appearance, and disposed to heal; the application was continued, as well as the mixture first ordered; and in three weeks every sore was closed, although some of them extended to three and four inches of square surface. He was discharged on the 12th of October. There can be no question that iodine is a valuable medicine in cases of scrofula; but I have seen many cases where its internal exhibition had not the desired effect, and it was so in the case just given.—*Ibid.*

Medical Miscellany.—Dr. Pitcher has been recently elected mayor of Detroit.—A severe disease has been prevailing on board the United States' vessels on the coast of Africa. Nine had died, at the last accounts, on board the Dolphin.—Dr. S. B. Richardson, of Louisville, extirpated the parotid gland, and tied the carotid, on a young woman, a few weeks since, who is doing well.—Dr. Gross seems to have been grossly assailed by some fault-finding member of the brotherhood, through the Louisville papers. His great success as an operator probably excites envy—but he is a man not to be moved by anonymous attacks.—There are 205 students in attendance at the Louisville Institute.—Dr. Sprague, of Whitehall, N. Y., is doing surgical operations very successfully in that part of the country. A late operation for club-foot, is noticed with admiration by the Whitehall Chronicle.—Dr. Thomas O. H. Croswel has held the office of post-master, at Catskill, N. Y., forty-nine years, and is now supposed to be the oldest post-master in the United States.—A catalogue and circular from the Albany Medical College, for 1841, is published. The Institution is as great a favorite as ever with the public. Twenty-nine students have been graduated with the degree of M.D. at the close of the late lecture term.—Of 238 individuals who have been under treatment at the Bloomingdale Asylum during the year 1840, 60 have been cured, and 25 have been discharged much improved; 131 remained in the Asylum at the close of the year.—The number of pupils remaining in the institution for the instruction of the Deaf and Dumb, is 152. During the year 35 were admitted, and 52 left.—The number of patients remaining in the New York Hospital at the close of 1839 was 74, and during the last year 1797 were admitted. Of this number 1317 have been discharged, 173 have died, and 187 removed at the close of the year.—A correspondent says that he hears Dr. Mott has not accepted a chair in the University of New York; but intends, on his return from France, in the spring, to resume his old place in the College and Hospital.—The town of Gardiner, Me., appears to be the El Dorado of Thomsonian physicians. At the present rate of multiplication it is feared they may yet be obliged to practise on each other. —After a lapse of four entire months, a regular file of Dr. Hull's Homœopathic Examiner has been received.—Dr. Coxe's communication to this Journal on the antiquity of lithotrity, Dr. R. Kelsey's on contraction of the colon, Dr. Mighell's case of aneurism, and a notice of Fletcher's truss, with a plate, are copied into the India Journal of Medical and Physical Science.

To Correspondents.—The communications of Drs. Holt, Williams, Clough, Folsom and A. J. E., with the paper on Insanity in Kentucky, will have insertion.

Died,—In London, on the 12th of February, Sir Astley Cooper, the most eminent surgeon in the world. The receipts of his practice the first year of his professional life, were less than five pounds. Some of the last years, his income amounted to 20,000 guineas per annum. His fee, when well established, was almost, if not quite, the highest ever asked by a medical adviser. The higher the charge, the more eagerly was his opinion sought.

Number of deaths in Boston for the week ending March 20, 31.—Males, 14; Females, 17. Stillborn, 2.
Of consumption, 7—measles, 2—infantile, 2—lung fever, 5—disease of the heart, 1—inflammation of the lungs, 1—convulsions, 1—hooping cough, 1—liver complaint, 1—scarlet fever, 1—bronchitis, 1—ulcers in the head, 1—cancer, 2—dropsy on the brain, 1—disease in the kidneys, 1—croup, 1—debility, 1.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

May be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of $5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23*d*, 1840. O. 28—1amtMcheop1O

TO MEDICAL STUDENTS.

SPRING COURSE OF LECTURES AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

An Association has been formed, for the purpose of offering to the students of medicine in New York, a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby street, on the following subjects:—

On the Pathology of the Chest, Auscultation and Percussion, by J. A. Swett, M.D., Lecturer on Diseases of the Chest.—This course will be fully illustrated by Clinical instruction.

On Club-feet and analogous Deformities, by Detmold, M.D.

On the diseases of the Kidneys, by Wm. C. Roberts, M.D.

On the diseases of the Eye, by G. Willis, M.D., Surgeon of the New York Eye Infirmary.—Clinical instruction at the Infirmary.

On the Pathology of the Uterus and its Annexes, by C. R. Gilman, M.D., Lecturer on Obstetrics and the diseases of Women and Children in the College of Physicians and Surgeons.

On Operative Surgery, by W. Parker, M.D., Professor of Surgery, College of Physicians and Surgeons.

On the Anatomy of the Nervous System, by James Quackenbos, M.D., Demonstrator of Anatomy.

On Surgical Anatomy, by R. Watts, Jr., M.D., Professor of Anatomy, College of Physicians and Surgeons.

The Lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily—hours, from 1 to 3 o'clock.

As this course is undertaken with the single aim of doing something for the cause of sound and thorough medical education, and particularly to develope the great advantages which New York, by her superior size, and by the consequent abundance and variety of diseases which are met with in her Hospitals, Alms-house and Dispensaries, offers to the student of practical medicine and surgery, the Association have determined to put the fee for the Course at a price nearly nominal—hoping thereby to place the instruction offered, within the reach of all who are anxious for professional improvement.

Fee for all the Lectures, $10.

New York, Feb. 10*th*, 1841. M 3—

A YOUNG PHYSICIAN,

Having the best of recommendations as to qualifications, &c., wishes to obtain a situation. A line addressed to A. L. V., Box 144 Post Office, Boston, will meet with prompt attention. M 17—3t

TRUSSES.

The subscriber continues to manufacture Trusses of every description, at his residence, at the old stand, opposite 264, No. 305, Washington street, Boston (entrance in Temple Avenue—up stairs). All individuals can see him alone, at any time, at the above place.

J. F. F. manufactures as many as twenty different kinds of trusses, among which are all the different kinds similar to those that the late Mr. John Beath, of this city, formerly made, and all others advertised in Boston.

Any kind of trusses repaired at short notice, and made as good as when new.

☞ Ladies wishing for any of these instruments, will be waited upon by Mrs. Foster, at the above place. Mrs. F. has been engaged in the above business for ten years. JAMES F. FOSTER.

I hereby certify that I have, for several years past, been in the use of Mr. Foster's Truss for Inguinal Hernia, and find it to answer every desirable purpose, and consider it far preferable to any other which I have employed. James Thatcher, M.D.

Plymouth, Nov. 1, 1839.

I hereby certify, that I have known Mr. James F. Foster several years last past, and have frequently employed him in the construction of trusses and other apparatus for my patients, and have always found him ready, capable and faithful, and equal to the occasion for which I have employed him.

Boston, March 10, 1840. John Randall, M.D.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

RE-IMPROVED ROCKING TRUSSES,

Manufactured at Shaker Village, N. H., and recommended by some of the leading physicians in that State, may be obtained at this office. Price, for the single truss, $4; double, $7. A discount to physicians who purchase to sell again. March 10.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.